

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/171,697	10/23/98	546	1612	TBK-102-US

APPLICANT
BORIS TABAKOFF, ELIZABETH, IL; LAWRENCE SNELL, AURORA, CO; PAULA L. HOFFMAN, DENVER, CO.

CONTINUING DOMESTIC DATA***
VERIFIED PROVISIONAL APPLICATION NO. 60/048,848 06/06/97

SM
371 (NAT'L STAGE) DATA***
VERIFIED THIS APPLN IS A 371 OF PCT/US98/11312 06/05/98

SM
FOREIGN APPLICATIONS***
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/02/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>SM</u> Examiner's Initials	Initials	IL	14	23	3

ADDRESS
TALIVALDIS CEPURITIS
OLSON & HIERL
20 NORTH WACKER DRIVE 36TH FLOOR
CHICAGO IL 60601
PHONE: (312)580-1180

TITLE
COMPOUNDS, COMPOSITIONS AND METHOD SUITABLE FOR AMELIORATION OF
WITHDRAWAL SYNDROMES AND WITHDRAWAL-INDUCED BRAIN DAMAGE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$856		

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 171697	RECEIPT DATE:	10 / 23 / 98
IA NUMBER:	PCT/ US98 / 11312	IA FILING DATE:	06 / 05 / 98
FAMILY NAME:	TABAKOFF	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	BORIS	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	06 / 06 / 97
NO. BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	TEK-102-US	COUNTRY:	USX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 3125801180
			FAX 0000000000

NAME: OLSON & HIERL

STREET: 20 NORTH WACKER DRIVE, 36TH FLOOR

CITY: CHICAGO

STATE/COUNTRY: IL ZIP: 60606

EMAIL:

APPLICATION TITLE:

COMPOUNDS, COMPOSITIONS AND METHOD SUITABLE FOR
 AMELIORATION OF WITHDRAWAL SYNDROMES AND WITHDRAWAL-INDUCED BRAIN
 DAMAGE

TAB TO LAST POSITION, PUSH SEND